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Effective on 12/03/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL**For FY 2005**

JAN 12 2006

Complete if Known

Application Number 10/622,600
 Filing Date July 18, 2003
 First Named Inventor Wayne McCullough
 Examiner Name CARIASO, Alan B.
 Art Unit 2875
 Attorney Docket No. 40031-6

☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT**

(\$)

325.00

METHOD OF PAYMENT (check all that apply)
☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments.**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims -20 or HP = Extra Claims Fee (\$)
 HP = highest number of total claims paid for, if greater than 20

Multiple Dependent Claims
 Fee (\$) Fee Paid (\$)
 x =

Independent Claims -3 or HP = Extra Claims Fee (\$)
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s).

Total Sheets -100 = Extra Sheets /50 = Number of each additional 50 or fraction thereof Fee (\$)
 (round up to a whole number) x Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1 add'l independent claim

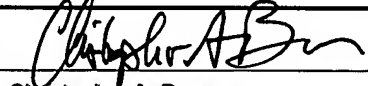
2nd extension of time

Fee Paid (\$)

100.00

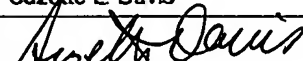
225.00

SUBMITTED BY:

Signature		Registration No.: (Attorney/Agent)	41,642	Telephone:	(317) 634-3456
Name (Print/Type):	Christopher A. Brown	Date:	January 10, 2006		

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on:

Name (Print/Type)	Suzette L. Davis	Date	January 10, 2006
Signature			

#380037

WEMMH #317053 (Rev. 7/05)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of)
Wayne McCullough et al.)
Serial No. 10/622,600)
Filed July 18, 2003)
ILLUMINATION SYSTEMS)
AND METHODS OF USE)
Before the Examining Attorney
Alan B. Cariaso
Group Art Unit
2875
January 10, 2006

RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Madam:

In response to the pending Office Action dated August 10, 2005, please consider the following. Prior to this amendment, fees sufficient for three independent claims and 20 total claims were submitted. With this amendment, 19 total claims are pending, of which four are independent. Also, a request for a two-month extension of time is enclosed herewith.

Accordingly, fees in the amount of \$325.00 in payment of the fee for one additional independent claim and for the extension of time are enclosed. If any further fees or extensions are deemed necessary, please provide such extensions of time and charge any fees which may be due (or credit any overpayment) to Deposit Account No. 23-3030, but not to include any payment of issue fees.

01/12/2006 YPOLITE1 00000039 10622600

02 FC:2201

100.00 OP

RESPONSE TO OFFICE ACTION
Application Ser. No. 10/622,600
Atty. Docket No. 40031-6
Page 1 of 8

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Christopher A. Brown

Name of Registered Representative


Signature

10 January 2006

Date of Signature